



# MEDICAL COUNCIL OF INDIA

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## APPLICATION FORM FOR FINANCIAL ASSISTANCE FOR CME PROGRAMMES/WORKSHOP/POST GRADUATE COURSE IN INDIA

### 1. Details of Hosting Institution

- (a) Name of Institution: \_\_\_\_\_
- (b) Full Address: \_\_\_\_\_  
 \_\_\_\_\_
- (c) Tel No. \_\_\_\_\_ Fax No \_\_\_\_\_ Telex No. \_\_\_\_\_
- (d) (i) Whether Medical College or other Academic institution / Professional National /Regional /State /Local Organization.
- (ii) If other non-teaching institution, please give details separately.

### 2. Details of Programme

- (a) Subject in which CME is to be held: \_\_\_\_\_
- (b) Year & probable dates: \_\_\_\_\_
- (c) Proposed Activity (please tick appropriate Box)

Lecture	<input type="checkbox"/>	Workshop	<input type="checkbox"/>	Seminar	<input type="checkbox"/>
Symposium	<input type="checkbox"/>	Hands –on Demonstration	<input type="checkbox"/>	Panel Discussion	<input type="checkbox"/>

- (d) Duration:  
 (e) Any other.

### 3. FACULTY

- (a) No. of Faculty in the : Please give the names and designations on separate sheet & affiliation concerned speciality in your institution.
- (b) Name of Organizing Secretary/Co-ordinator \_\_\_\_\_

(c) Address: \_\_\_\_\_  
\_\_\_\_\_

(d) Telephone No.: (Office) \_\_\_\_\_ (Res.) \_\_\_\_\_

**4. (A) FOREIGN FACULTY**

Foreign faculty likely to participate in the programme.

Furnish Details :

S.No.	Name	Designation	Address

**(Please attach separate sheet , if space is insufficient)**

**(B) INDIAN FACULTY**

S.No.	Name	Designation	Address

**(Please attach separate sheet , if space is insufficient)**

**5. Expected number of participants**

**6. LIKELY BENEFICIARIES OF THE PROGRAMME:**

(a) Consultants

(b) Post Graduates

(c) Specialists

(d) Private Practitioners

(e) Academicians

(f) Primary Care Doctors

(g) Others:

**7. INFRASTRUCTURE FOR HOLDING THE PROGRAMME**

(Please give details separately)

(a) Venue

(b) Audio-video facilities

(c) Facilities for accommodation for visiting faculty

(i) Foreign

(ii) Indian

(d) Accommodation for other delegates.

**8.**

- (a) Whether any programme has been held at your institutions. How many such programme organized earlier.

If any give details –

- a) Date
- b) Venue
- c) Numbers of participants
- d) Expenditure for the programme
- e) Source(s) for funding.

**9. ESTIMATED EXPENDITURE FOR THE PROGRAMME**

- a) Travelling
- b) Accommodation
- c) Hospitality
- d) Inaugural function
- e) Publication for programme proceedings, brochures etc
- f) Hiring of conference hall and audiovisual equipments
- g) Pan No. of the account holder
- h) Bank name / Account No.
- i) Others

(Signature)  
Head of Institution / Secretary /  
President of the Associations.

(Signature)  
Programme leader